

**EXHIBIT G**

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE  
APPEAL FORM**  
CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1.

1.

2.

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>MARVIN HOLLIS</u>	NUMBER <u>E-37508</u>	ASSIGNMENT <u>*ACI-SEG*</u>	UNIT/ROOM NUMBER <u>D-8-220</u>
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A. Describe Problem: This complaint is filed against SALINAS VALLEY STATE PRISON APPEALS COORDINATOR ELOY MEDINA, FOR RETALIATION AND REPRISAL FOR MY PRIOR USE OF THE (CDC3R) 602 APPEALS PROCESS AND BEING A JAILHOUSE LAWYER. ON 3-26-07 E. MEDINA, REFUSED TO ASSIGN ~~my~~ my timely disciplinary appeal IN RETALIATION FOR MY PRIOR USE OF THE (CDC3R) 602 APPEAL PROCESS AND BEING A JAILHOUSE LAWYER. THIS RETALIATION AND HARASSMENT INFRINGED MY 1ST AMENDMENT CONSTITUTIONAL RIGHT AND HAD A CHILLING EFFECT.

If you need more space, attach one additional sheet.

\*(SEE ATTACHMENT)\*

B. Action Requested: TO BE ALLOWED TO EXHAUST MY ADMINISTRATIVE REMEDIES WITHOUT INAPPROPRIATE INTERFERENCE. THAT ALL RETALIATORY ACTIONS AND HARASSMENT BY APPEALS OFFICE STAFF TO CEASE. FOR AN APOLOGY FROM E. MEDINA, FOR NOT ASSIGNING MY TIMELY DISCIPLINARY APPEAL.

Inmate/Parolee Signature: MARVIN HOLLIS REC'D MAR 30 2007 Date Submitted: 3-29-07

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)

Staff Response: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number: \_\_\_\_\_

Board of Control form BC-1E, Inmate Claim

RECEIVED APR 19 2007

**BYPASS**

**BYPASS**

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 4/2/07Due Date: 6/11/07

Interviewed by: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Division Head Approved: \_\_\_\_\_

Returned \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date to Inmate: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

DELIVERED MAY 15 2007 DELIVERED APR 17 2007 DELIVERED APR 30 2007

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: \_\_\_\_\_

Due Date: \_\_\_\_\_

☐ See Attached Letter

Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Warden/Superintendent Signature: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

For the Director's Review, submit all documents to: Director of Corrections

P.O. Box 942883

Sacramento, CA 94283-0001

Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted☐ P. Granted☐ Denied☐ Other☐ See Attached Letter